STATE OF CALIFORNIA

## STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

Ø

ADDRESS

PRINTED NAME AND TITLE OF PERSON SIGNING

Glenn Wallace, Manager, Contracts and Business Services Section

1300 National Drive, Suite 200, Sacramento, CA 95834

,			
X CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 1	Pages	AGREEMENT NUMBER	AMENDMENT NUMBER
		SP-1617-19	_ 1
		REGISTRATION NUMBER	
This Agreement is entered into between the State A     STATE AGENCY'S NAME	Agency and (	Contractor named below:	
California Department of Aging			
CONTRACTOR'S NAME			
Los Angeles County Department of Community & S	Senior Servic	es	
2. The term of this			
	through S	eptember 30, 2017	
3. The maximum amount of this \$176,591	coverty six the	usand five hundred ninety-one	and 00/100 dollars
. ig. come and amount of			
4. The parties mutually agree to this amendment as for of the Agreement and incorporated herein:	ollows. All a	tions noted below are by	this reference made a part
This amendment increases the funds provided to the not exceed \$176,591.	ne Contracto	by \$15,733. The total ar	mount of the contract will
The attached Budget Display page 11, dated 1/25/2 page 11, dated 10/01/2016.	2017 hereby	replaces the Original Ext	nibit B - Budget Display,
The Budget, Amendment 1 is hereby incorporated I	by reference	and replaces the origina	l Budget.
All other terms and conditions shall remain the sam	ne.		
IN WITNESS WHEREOF, this Agreement has been execute	ed by the part	ies hereto.	
CONTRACTOR			CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)			
Los Angeles County Department of Community & Senio		(D )	
BY (Authorized Signature)	DATE SIGNED	Do not type)	
K			
PRINTED NAME AND TITLE OF PERSON SIGNING			
ADDRESS 3175 West Sixth Street, Room 302 Los Angeles CA 900	020-1708		
STATE OF CALIFORNIA			
AGENCY NAME			
California Department of Aging			
BY (Authorized Signature)	DATE SIGNED	(Do not type)	